

Remarks

Claim Rejections 35 U.S.C §103

The Examiner has rejected claims 2, 4, 5-6, 8, 13-16, 19, 20-21, 23-25, and 35-36 under 35 U.S.C §103(a) as being unpatentable over Brown and Campbell et al in view of Ballantyne et al and further in view of Kehr et al. With regard to all of the remaining independent claims, the Examiner has stated that Brown, Campbell and Ballantyne do not explicitly disclose several key claimed elements. For instance, with regard to claim 2, the Examiner states that Brown, Campbell and Ballantyne do not disclose a handheld computing device with a computer-readable medium having stored thereon a plurality of instruction sequences, which when executed by a processor, cause the process to perform the steps of "executing", "a means for receiving medical data through remote transmission", "data point-based", "said natural language report having syntax and structure", "receiving customized information from a template manager", template based "and wherein at least one of said data entry screens correlates a set of modifiers to a body part; and wherein said customized information directs the function of said first module. In each case where elements are missing from Brown, Campbell and Ballantyne, the Examiner relies on Kehr to show that these features are known in the art. For purposes of conciseness, the Applicant will thus focus the remaining remarks on Kehr and its applicability to the present case.

The Applicant contends that not all of the elements missing from Brown, Campbell and Ballantyne were known in the art, as evidenced through Kehr. Specifically, while Kehr discloses a means for *receiving* medical data through remote transmission and having a customized response to certain events, it does not allow the creation of complex interactive templates. For instance, Kehr paragraph [0388] states the screens and voice prompts can be remotely created and transmitted to multiple other devices. Even in Kehr paragraph [0392] where Kehr discloses that the "creation of dynamic, mass-customizable, interactive screens and voice prompts can be accomplished utilizing a database", this is still only disclosing the creation of customized responses to events,

and not the creation of custom interfaces for data collection. "Create" as used in Kehr is merely referring to a response out of a database table to a received event.

There is a difference between responding to stimulus/events put into a system (Kehr) and the process of *creating customized template based data collection interfaces and screens as claimed in the present application*. The present invention does not create a customized response, but instead allows for the creation of customized data entry screens and an overall end user interface that directs the screens visible to an end user. *The present invention is itself not even seen by the end user*, but instead is merely used to create screens and an interface designed for the multiple different type of end users with which the end user interacts. The present invention natively creates with a defined purpose a customized interactive template for use by the end user. Further showing the level of customization that is available, the Applicant draws the Examiner's attention to claim 5, stating that template manager of claim 1 comprises means for editing *all aspects* of said data entry screens and claim 6, stating that the template manager has a means to delete certain data screens completely. Even navigation aspects (claim 8) are included as a feature customizable by the template manager.

With regard to independent claim 16, the Examiner has stated that Brown Campbell and Ballantyne do not explicitly disclose "a means for receiving medical data through remote transmission", "a means for receiving customized information, and a means for creating a natural language report and a data point-based searchable database from said medical information, wherein said natural language report has a syntax and a structure"; "template manager", "customized information for use by said first module, said customized information composing "template based", "wherein said customized information directs the function of said first module. The Examiner cites Kehr, Fig. 6; Page 5, Paragraphs 0074-0077, however, paragraph [0075] of Kehr again discusses the ability to 'program' responses to events recorded on the device in the event someone monitoring the system does not respond in a timely manner. The present application stands in contrast in that it is a *process of creating customized templates for*

end user screens rather than 'programmed responses' to events. Similar arguments may be applied to the rejection of independent claim 35, a rejection which again relies on Kehr for similar reasons.

In summary, the present invention, which is a unique software process of building customized whole new templates with complex interactions such as natural language, data collection, charge capture, etc. that are specific for medical applications to build reports and collect data simultaneously, is not taught or suggested by the combination of prior art presented by the Examiner.

Conclusion

In summary, the prior art cited by the Examiner as well as software from all other handheld devices "respond" to inputs from the end user using templates. The present invention is a system that provides a program for a content expert to create a new interface for *each end user* depending on the end user's needs. As the end user's needs change, the content expert can customize and improve the interface for that customer as needed. This capability is important to meet the needs of all the diverse requirements of medical levels of care, types of service, documentation needs, data collection needs, and geographical differences in medical documentation.

In light of the remarks and amendments detailed above, which address each rejection and objection by the Examiner, Applicant respectfully requests reconsideration and allowance of all pending claims.

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